

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies. *SLIP 1009*

810609

1L#407

1LS-000-001-277

Enter the name and address of the person or organization required to notify.

Name Browning-Ferris Industries of St. Louis, Inc.

Street 11506 Bowling Green

City Creek County

State Mo. Zip Code 63141

Enter the common name (if known) and actual location of the site.

Name of Site *SAN JUAN Land fill*

Street: Levee Rd AREA

City ERIC, IL ^{Sanget} County ST CLAIR State ILL. Zip Code 62208-11

ILD 000605790

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Wells, Tom - District Manager

Phone ~~(919) 562-3330~~

615-522-8161

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1963

To (Year) 1970

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

Option 2: This option is available to persons familiar with Resource Conservation and Recovery Act (RCRA) Section 3 regulations (40 CFR Part 261).

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

Place an X in the appropriate boxes.

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the waste is located.

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> Organics | 1. <input type="checkbox"/> Mining |
| 2. <input checked="" type="checkbox"/> Inorganics | 2. <input checked="" type="checkbox"/> Construction |
| 3. <input checked="" type="checkbox"/> Solvents | 3. <input type="checkbox"/> Textiles |
| 4. <input checked="" type="checkbox"/> Pesticides | 4. <input checked="" type="checkbox"/> Fertilizer |
| 5. <input checked="" type="checkbox"/> Heavy metals | 5. <input checked="" type="checkbox"/> Paper/Printing |
| 6. <input checked="" type="checkbox"/> Acids | 6. <input checked="" type="checkbox"/> Leather Tanning |
| 7. <input type="checkbox"/> Bases | 7. <input checked="" type="checkbox"/> Iron/Steel Foundry |
| 8. <input type="checkbox"/> PCBs | 8. <input checked="" type="checkbox"/> Chemical, General |
| * 9. <input checked="" type="checkbox"/> Mixed Municipal Waste | 9. <input checked="" type="checkbox"/> Plating/Polishing |
| ** 10. <input type="checkbox"/> Unknown | 10. <input type="checkbox"/> Military/Ammunition |
| 11. <input checked="" type="checkbox"/> Other (Specify) | 11. <input type="checkbox"/> Electrical Conductors |
| * Sanitary sewage sludge
with small quantities
of unknown hazardous
waste. | 12. <input checked="" type="checkbox"/> Transformers |
| | 13. <input checked="" type="checkbox"/> Utility Companies |
| | 14. <input checked="" type="checkbox"/> Sanitary/Refuse |
| | 15. <input checked="" type="checkbox"/> Photofinish |
| | 16. <input type="checkbox"/> Lab/Hospital |
| ** Small quantities of
unknown hazardous
wastes mixed with industrial/commercial/
municipal/household wastes. | 17. <input type="checkbox"/> Unknown |
| | 18. <input type="checkbox"/> Other (Specify) |

[illegible]

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Notification of Hazardous Waste Site

Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amountcubic feet UNKNOWN

gallons _____

Total Facility Area

square feet _____

acres 30 A**G Known, Suspected or Likely Releases to the Environment:**

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☒ ^{Unknown}~~Suspected~~ ☐ Likely ☐ None

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

*J "The information contained herein is based upon the personal knowledge or recollection of the individual compiling the information or upon records or other informational sources reasonably available to him (see item C). The information herein is accurate and complete to the best of the knowledge and belief of the submitter. The indication in Item E, numbers 9 and 10 does not constitute an admission that such wastes, if they exist, are in fact hazardous. The indication in Item G that a release is "known" or "likely" does not constitute an admission that such release is either continuing or, if it is, that it poses a threat to human health or the environment."

***J Signature and Title:**

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name Stephen L. Thomas, Vice-President

Street _____

City _____

State _____

Zip Code _____

Signature Stephen L. ThomasDate 6/9/81

- ☐ Owner, Present
☐ Owner, Past
☒ Transporter
☐ Operator, Present
☐ Operator, Past
☐ Other